Onslow Medical Centre
Compassion in care. Excellence in practice.

PATIENT ENROLMENT FORM

the PHO
NZ PRIMARY HEALTH

Fields shaded in pink are compulsory.	**New enrolment** ◯ **Re-enrolment** ◯	**NHI** (Office use only):

Legal Name	(Title)	First Name	Middle Name(s)	Family Name
Other Name(s) (e.g. maiden name)			**Preferred Name(s)**	
Birth Details		Day / Month / Year of Birth	Place of Birth	Country of birth
Gender		◯ Male ◯ Female ◯ Gender Diverse		Preferred Pronoun:

Usual Residential Address	House Number and Street Name	Suburb	Town / City and Postcode
Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb	Town / City and Postcode

Contact Details	Mobile Phone	Home Phone	Email Address
Emergency Contact	Name	Relationship	Contact Details

Transfer of Records	***In order to get the best care possible, I agree to this Practice obtaining my records from my previous Doctor. I also understand that I will be removed from my previous practice's register, as I can only be enrolled at one practice in New Zealand at a time.***		
	◯ Yes, please request a transfer of my records	◯ No transfer	◯ Not applicable
	Previous Doctor and/or Practice Name	Address / Location	

Ethnicity Details
Which ethnic group(s) do you belong to?

Tick the space or spaces which apply to you.

- ◯ **New Zealand European**
- ◯ **Māori**
  Iwi/Hapū: _____
  _____
  _____
- ◯ **Samoan**
- ◯ **Cook Island Māori**
- ◯ **Tongan**
- ◯ **Niuean**
- ◯ **Chinese**
- ◯ **Indian**
- ◯ **Other** (such as Dutch, Japanese, and Tokelauan). Please state:

Community Services Card Yes ◯ No ◯

Consent to using Text and email Yes ◯ No ◯

Smoking Status

Current smoker/vaper	Recently quit	Ex-smoker/vaper (over 1 year)	Never smoked/vaped
◯	◯	◯	◯

Would you like help to quit?

Yes ◯ No ◯

Manage My Health (MMH)– Patient Portal If aged 16yrs + with an email address you will be registered for portal access after your first appointment **OPT IN** ◯ **or** **OPT OUT** ◯

My Declaration of Entitlement and Eligibility

I am entitled to enrol because I am residing permanently in New Zealand. *The definition of residing permanently in NZ is that you intend to be a resident in New Zealand for at least 183 days in the next 12 months.*	○

I am eligible to enrol because:

a	**I am a New Zealand citizen** *(If yes, tick the box and proceed to **'I confirm that, if requested, I can provide proof of my eligibility'** below)*	○

If you are **not a New Zealand citizen,** please tick which eligibility criteria applies to you (b–j) below:

b	I hold a Resident Visa or a Permanent Resident Visa (or a Residence Permit if issued before December 2010).	○
c	I am an Australian citizen or Australian permanent resident AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years.	○
d	I have a current work visa/permit and can show that I can legally be in New Zealand for at least 2 years (previous permits included).	○
e	I am an Interim Visa Holder who was eligible immediately before my Interim Visa started.	○
f	I am a Refugee or Protected Person OR in the process of applying for, or appealing Refugee or Protection Status, OR a victim or suspected victim of people trafficking.	○
g	I am under 18 years old and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a - f above **OR** in the control of the Chief Executive of the Ministry of Social Development.	○
h	I am a NZ Aid Programme student studying in New Zealand and receiving Official Development Assistance funding (or their partner or child under 18 years old).	○
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme.	○
j	I am a Commonwealth Scholarship holder studying in New Zealand and receiving funding from a New Zealand University under the Commonwealth Scholarship and Fellowship Fund.	○

I confirm that, if requested, I can provide proof of my eligibility	○	Evidence sighted (*Office use only*)

My Agreement to the Enrolment Process

(Parent or Caregiver to sign if you are under 16 years old)

I intend to use this practice as my regular and ongoing provider of general practice / GP / health care services.

I understand that by enrolling with this practice I will be included in the enrolled population of this practice's The New Zealand Primary Health Organisation Limited "thePHO", and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

I understand that if I visit another health care provider where I am not enrolled, I may be charged a higher fee.

I have been given information about the benefits and implications of enrolment and the services this practice and PHO provides along with the PHO's name and contact details.

I have read and I understand the Use of Health Information Privacy Statement. The information I have provided on the Enrolment Form will be used to determine eligibility to receive publicly funded services. Information may be compared with other government agencies, but only when permitted under the Privacy Act.

I understand that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Signatory Details	**Signature**	**Day / Month / Year**	○ Self-Signing	○ Authority

An Authority has the legal right to sign for another person if, for some reason, they are unable to consent on their own behalf.

Authority Details *(where the signatory is not the enrolling person)*	Full Name	Relationship to patient	Contact Phone
	Legal basis of authority (e.g. parent of a child under 16 years of age)		

New Patient Questionnaire

Personal Details

Name:		
Date of Birth:	**Place of Birth:**	**NHI Number:**

Medications

Please list any medications you are taking.		
Are you allergic to any drugs?	**NO**	**YES** (Please list)

Medical History

Do you have any long-term illness or disability (e.g. heart disease, diabetes, asthma, depression, eczema etc..	**NO**	**YES** (Please list)
Have you been in hospital for any other illness? Or been treated at home for any serious illness?	**NO**	**YES** (Please list)
Have you ever seen a Specialist about any other problem?	**NO**	**YES** (Please list)
Apart from any illness referred to above, have you ever had any special tests. (e.g. gastroscopy, cardiograph etc.)	**NO**	**YES** (Please list)
Have you, or your family, had any infectious disease (e.g. hepatitis B, hepatitis C, HIV or tuberculosis)?	**NO**	**YES** (Please list)

Lifestyle Information

Do you smoke?	**NO**	**YES** Number per day
Have you ever smoked?	**NO**	**YES** Number per day Gave up in
Do you drink alcohol and if so what?	**NO**	**YES** …….. per day……. per week
Do you take recreational drugs and if so what? (e.g. party pills, methamphetamine, ecstasy, opiates etc)	**NO**	**YES** (Please list)
Do you or anyone in your family have a problem with gambling?	**NO**	**YES** (Please list)
Daily Activity (Specify type, frequency and duration		

Family History

Have any of your relatives (by blood) suffered any of the following? And who (i.e. mother, father, brother, aunt, etc and approximate age when they were diagnosed with illness.

Heart Disease under the age of 65	**NO**	**YES**
Diabetes	**NO**	**YES**
Stroke	**NO**	**YES**
Asthma	**NO**	**YES**
Bowel Cancer	**NO**	**YES**
Breast Cancer	**NO**	**YES**
Other cancers	**NO**	**YES**
Any other inherited disease	**NO**	**YES**

Women Only

Number of children	**None**	**Year Born**
Other pregnancies	**NO**	**YES** (please specify)
Contraception	**NO**	**YES** (please specify)
Last Cervical Smear (if aged 20-70)		
Have you ever had an abnormal smear result?	**NO**	**YES** (please specify)
Last Mammogram (if aged 45-70)		
Have you ever had follow up or treatment after a mammogram screen?	**NO**	**YES** (please specify)

Children Aged Under 16 Years Only

Immunizations up to date?	**Yes/No**
If not born in NZ, do we have a copy of immunization records?	**Yes/No**
Do you attend school? If yes, which school?	**Yes/No**

Measurements (we will help with these)

Height:	**BP:**
Weight:	**Urine:**
Last Tetanus:	**BMI**

Terms and Conditions

Consultation fees are indicative for standard consultations up to 15 minutes. If you have more than one issue, please book for extra time. We reserve the right to charge an additional fee for longer consultations. Our policy is one person per appointment.

If you are unable to keep your appointment with your doctor, please call us to cancel. If you are unable to attend your consultation at least 2 hours' notice must be given.

We reserve the right to charge a non-attendance fee up to the full cost of your appointment.

"Missed Appointments" for children under the age of 14 years will be charged $10.00

Payment in full is required at the time of your appointment. You can pay by cash, EFTPOS, MasterCard or VISA.

If you are having difficulties paying an account, please contact our accounts department on

(04) 478 9999.

It is possible to pay accounts in small manageable automatic payments, and there may be other ways we can help.

If your account is unpaid at the end of the month, and you haven't made any payment arrangements with us, we will:

add an administration fee of $5.00

ask you to pay before you see a doctor or nurse for all appointments.

reserve the right to review your enrolment with Onslow Medical Centre

We ask that you turn off your mobile phone during your consultation as this can be a distraction.

Heidi AI

Heidi acts as a helpful electronic transcription tool that allows clinicians to focus on the patient during their visit while still accurately capturing medical information, to ensure a comprehensive and precise record of care. Not all clinicians at Onslow Medical Centre are using this tool at present but it is expected to become more widely used.

Heidi aligns with the New Zealand Information Privacy Principles (NZ IPPs) through compliant handling of personal information. Heidis practices are continually refined to stay in sync with the latest Privacy Standards in New Zealand.

Heidi employs a highly secured and specialised transcription process, ensuring no recordings or patient information is stored at any point.

Onslow Medical has a consent process for each patient, either verbally or written. This is documented. A poster detailing the use of Heidi is displayed in the patient wait room and information regarding Heidi is included as part of the new patient enrolment information.

Unexpected urgent problems or emergencies affecting other patients will sometimes occur and may delay the time you see your doctor. If you think you have been waiting too long please tell one of our receptionists.

I acknowledge that I have read the above and agree with these terms and conditions.

Date:……

Patient Name:.....

Signature:……

Transfer of Medical Notes Request

125 Moorefield Rd

Johnsonville

Wellington 6037

Ph:(04) 478-9999

Email: **enrolment@omc.co.nz**

EDI: onslowmc

For GP2GP:

Dr Shane Dunphy	NZMC: 13189
Dr Tim Jefferies	NZMC: 21404
Dr Vipul Patel	NZMC: 36531
Dr Matt Gaston	NZMC: 75926
Dr Greg Bond	NZMC: 61183
Dr Effie Ansari	NZMC: 83298
Dr Atikah Razley (not accepting new patients)	NZMC: 66451
Dr Anu Vishvanath (not accepting new patients)	NZMC: 66637
Dr Jessica Cheung (not accepting new patients)	NZMC: 59641

NOTE: if you are sending from INDICI or MY PRACTICE – please ensure you print all relevant clinic letters etc as these DO NOT transfer via GP2GP & critical information is not sent – many thanks

Your (previous) Dr …… Date: ……

Previous Medical Centre: ……

Address: ……

Email: ……

Surname	First Name	D.O. B	NHI	Signature

Could the medical notes of the above-named people please be forwarded to:
Onslow Medical Centre by GP2GP, or via EDI